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Dr. Walter F. Chappell
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TWO CASES OF CONGENITAL HYPERTROPHY OF THE TONGUE.

A CASE OF TUBERCULOSIS OF THE THYROID GLAND.

BY

WALTER F. CHAPPELL, M. D., M. R. C. S., Eng.

Surgeon Manhattan Eye and Ear Hospital.
(Throat Department.)

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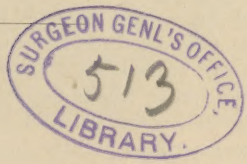

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TWO CASES OF CONGENITAL HYPERTROPHY OF THE TONGUE.

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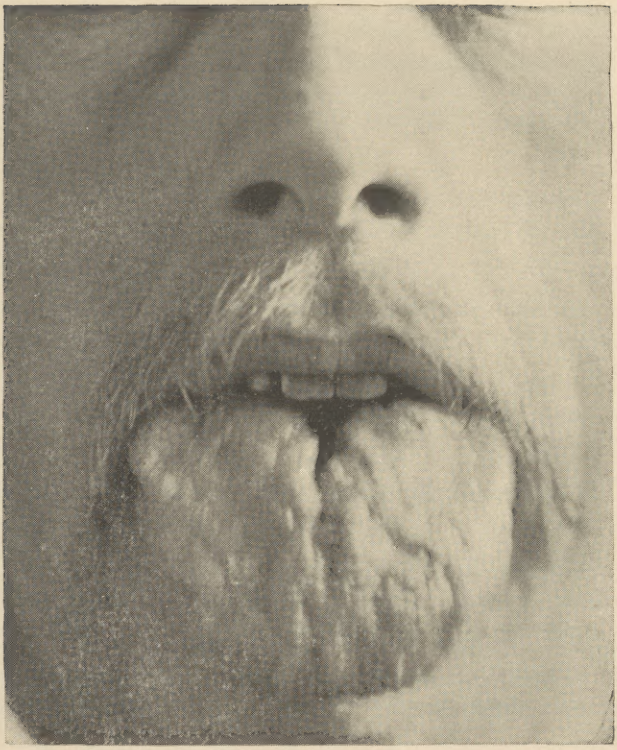
(*Illustrated.*)

CASE 1. Mr. H——, (Plate I.) aged 35 years. Had a large tongue since birth; when four years of age the increasing size and unusual appearance of his tongue alarmed his mother so much that she consulted several physicians regarding it; some "stomach difficulty" was credited with being the cause of the condition. Regulation of the diet was the only treatment recommended. At the age of fifteen, every cold, bilious attack or attack of constipation, caused the tongue to assume a dark bluish color and enlarge to such a degree that it would fill the mouth, protrude between the teeth and make it impossible to close the mouth. A few years later, the venous engorgement of the tongue was so great during the attacks, that respiration was much interfered with, and on one occasion tracheotomy was contemplated. The application of leeches directly to the tongue made it unnecessary to open the trachea on that occasion.

Several times, nourishment had to be given through a tube, passed into the nasal cavity and œsophagus.

On the first day of ordinary attack, simple fullness of the mouth and throat was the only discomfort felt; by the second day blood began to ooze from all parts of the tongue, and continued in varying quantities for twenty-four to forty-eight hours. It then lessened and the tongue looked dry and shriveled and its epithelium fell off in scales, which continued to be shed some four or five days, until the dorsum of the tongue presented a red, beefy appearance, and the patient said it was very raw and sore. When I first saw the case, Mr. H—— was just recovering from an attack brought on, he said, from biliousness. The veins beneath the tongue looked like masses of small worms rolled tightly together and the papillæ were enormously hypertrophied, varying in size, but averaging from one-half to three-fourths of an inch in length and about the same in breadth. They resembled many small cauliflowers standing on end and packed close together The clusters could easily be seperated and the small vein entering each plainly seen. Several large venous masses hung from the



base of the tongue just above the epiglottis. In appearance they resembled the hemorrhoidal masses of the rectum This patient suffered from the latter affection also, and during the acute attack of lingual enlargement, the rectal hemorrhoids became large, painful and bled considerably. The sublingual and submaxillary glands would also enlarge during these attacks and become very tender. Walking quickly, going up stairs or excitement, caused labored respiration, and a sensation of a mass in the pharynx which could not be gotten rid of. This condition, as well as the feeling of impending suffocation occuring during the acute symptoms, were no doubt due to the varying condition of the varix hanging from the root of the tongue.

Case 2. M. J ---, (female) aged 17 years. At birth the right side of the face was noticed to be larger than the left, and wanting in expression. On further examination, the cause of this condition was found in the increased venous supply due to enlarged lingual, facial and temporal veins of the right side When first examined by me at the age of 17 years, there was a general varix of the right side of the face and neck, which varied much in size at the menstrual period. The papillæ of the right side of the tongue were hypertrophied and presented a cauliflower appearance, as described in the first case, and the same condition of varix also existed on the under surface and at the base of the tongue. Acute symptoms, resembling in character those in Case 1, but much less in severity, were frequent. Cold and indigestion caused these acute attacks, and they were specially liable to occur at the period of menstruation.

Nothing could be done to effect a cure in either of these cases, owing to the large and numerous vessels implicated. Strict attention to diet and a mode of living calculated to prevent taking cold and becoming bilious, and abstaining from excitement, violent exercise, etc., kept the sufferers comfortable.

A CASE OF TUBERCULOSIS OF THE THYROID GLAND.

WALTER F. CHAPPELL, M. D., M. R. C. S. ENG.

(Illustrated.)

I. G——, (Plate II.) Male, aged 15 years. Father died of phthisis at the age of 30. Two sisters died of the same disease in their twentieth year. Mother and three brothers alive and well. This patient was quite well up to his thirteenth year when he had a sore throat, which lasted about five days. Two months later the thyroid gland began to enlarge and became hard and tender. The anterior and posterior cervical glands underwent a similar change. This condition continued some three months, the skin over the thyroid region becoming red and gradually deepening in color until a small opening appeared over the isthmus of the thyroid from which a watery fluid, containing small white curdy masses escaped. A troublesome cough and hoarseness appeared simultaneously with the enlargement of the thyroid, and has continued more or less ever since. On presenting himself at the Hospital in June 1892, I found him considerably emaciated. Temperature 101. F., pulse 132; weight 80 pounds; the thyroid gland considerably enlarged and very hard, with some surrounding cellulitis and cervical and mesenteric adenitis, small abscess above the right clavicle, considerable dyspnoea and a constant desire to cough. A small sinus over the isthmus of the thyroid gland, discharged a fluid already described, which was found to contain the tubercle bacillus. The apices of both lungs gave signs of advanced tuberculosis, and tubercle bacilli were found in great numbers in the sputa.

The mucous membrane covering the vocal cords, arytenoid cartilages and posterior commissure of the larynx, was red and thickened; spasmodic cough and profuse perspiration caused much distress at night.

The case is reported on account of the rarity of tuberculosis attacking the thyroid gland.